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CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

| Application Number | | |
|------------------------|-------------------|--|
| Filing Date | February 16,2001: | |
| First Named Inventor | SAM CYNAMON | |
| Group Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | 01065/RPM | |

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| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | |
| Typed or Printed Name ROBERT P. MICHAL, REG. NO. 35,614 Signature Date FEBRUARY 16, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are equivalently forms if more than one signature is required, see below*. | | |
| *Total offorms are submitted. | | |